

FORM B1 United States Bankruptcy Court WESTERN District of NEW YORK		Voluntary Petition																
Name of Debtor (if individual, enter Last, First, Middle): Adams, Nicole Renee		Name of Joint Debtor (Spouse)(Last, First, Middle):																
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): aka Nicole Adams		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all) 0637		Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all):																
Street Address of Debtor (No. & Street, City, State & Zip Code): 365 East Center Street Elmira NY 14901		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																
County of Residence or of the Principal Place of Business: Chemung		County of Residence or of the Principal Place of Business:																
Mailing Address of Debtor (if different from street address): SAME		Mailing Address of Joint Debtor (if different from street address):																
Location of Principal Assets of Business Debtor (If different from street address above): NOT APPLICABLE																		
Information Regarding the Debtor (Check the Applicable Boxes)																		
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																		
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank		Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business		Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																		
Statistical/Administrative Information (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY																
Estimated Number of Creditors 1-15 16-49 50-99 100-199 200-999 1000-over <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																		
Estimated Assets <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">More than \$100 million</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000		\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million										
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

FORM B1, Page 2

Nicole Renee Adams**Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)**

Location Where Filed:

NONE

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Nicole Renee Adams

Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

2/18/2005

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

☐ Exhibit A is attached and made a part of this petition**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X /s/ Mark C. Gugino 2/18/2005

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety?

☐ Yes, and exhibit C is attached and made a part of this petition.
☒ No

Signature of Attorney**X** /s/ Mark C. Gugino

Signature of Attorney for Debtor(s)

Mark C. Gugino

Printed Name of Attorney for Debtor(s)

Mark C. Gugino, Esq.

Firm Name

504 Spencer Road

Address

Suite One First FloorIthaca NY 14850607-277-5605

Telephone Number

2/18/2005

Date

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer_____
Social Security Number_____
Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X _____
Signature of Bankruptcy Petition Preparer_____
Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

UNITED STATES BANKRUPTCY COURT

NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

Chapter 7: Liquidation (\$155 filing fee plus \$39 administrative fee plus \$15 trustee surcharge)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to valid security interest. Your attorney can explain the options that are available to you.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$39 administrative fee)

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under the plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

Chapter 11: Reorganization (\$800 filing fee plus \$39 administrative fee)

Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family farmer (\$200 filing fee plus \$39 administrative fee)

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm.

I, the debtor, affirm that I have read this notice.

2/18/2005

Date

/s/Nicole Renee Adams

Signature of Debtor

Case Number

DEBTOR COPY

COURT COPY

(circle one)

STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. § 341

INTRODUCTION

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Trustee, United States Department of Justice, has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts;
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This information sheet contains only general principles of law and is not a substitute for legal advice. If you have questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

WHAT IS A DISCHARGE?

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed on your bankruptcy schedules. A discharge is a court order that says you do not have to repay your debts, but there are a number of exceptions. Debts which may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to pay any debts which have been discharged. You can only receive a chapter 7 discharge once every six (6) years.

WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying any debts that were not listed on your bankruptcy schedules or that you incurred after you filed bankruptcy.

WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?

After you file your petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document, which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court within 60 days after the first meeting of creditors.

Reaffirmation agreements are strictly voluntary - they are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues your discharge order or within sixty (60) days after the reaffirmation agreement was filed with the court, whichever is later. If you reaffirm a debt and fail to make the payments required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any remaining debt.

OTHER BANKRUPTCY OPTIONS

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtors' farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtor must pay the chapter 13 trustee the amounts set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,077,000 (\$269,250 in unsecured debts and \$807,750 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.

2/18/2005

Date

/s/Nicole Renee Adams

Debtor

2/18/2005

Date

/s/Mark C. Gugino

Attorney for Debtor(s)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK
WESTERN DIVISION**

In re *Nicole Renee Adams*
aka Nicole Adams

Case No.
Chapter 7

_____/ Debtor
Attorney for Debtor: *Mark C. Gugino*

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ 500.00
 - b) Prior to the filing of this statement, debtor(s) have paid \$ 500.00
 - c) The unpaid balance due and payable is \$ 0.00
3. \$ 209.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
None

Dated: *2/18/2005*

Respectfully submitted,

X /s/ Mark C. Gugino
Attorney for Petitioner: *Mark C. Gugino*
Mark C. Gugino, Esq.
504 Spencer Road
Suite One First Floor
Ithaca NY 14850

**UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF NEW YORK
WESTERN DIVISION**

In re *Nicole Renee Adams*
aka Nicole Adams

Case No.
Chapter 7

_____/ Debtor
Attorney for Debtor: *Mark C. Gugino*

CERTIFICATION RE COMPUTER GENERATED FORMS

I am the attorney for the debtor(s) herein. I hereby certify that all computer-generated schedules and forms filed herein do comply with the official schedules prescribed by the Bankruptcy Code and Bankruptcy Rule 9009.

Executed at NEW YORK under penalty of perjury.

Executed on:

/s/ *Mark C. Gugino*
Mark C. Gugino

In re Nicole Renee Adams / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 6541 Creditor # : 1 ASSOCIATED RADIOLOGY	H	2003-07-01					\$ 86.00
Account No: 6541 Representing: ASSOCIATED RADIOLOGY		CREDITORS COLLECTION S					
Account No: 478 Creditor # : 2 MED1ST JOSEPHS HOSP	H	1999-10-01					\$ 50.00
Account No: 478 Representing: MED1ST JOSEPHS HOSP		BURR & REID					

9 continuation sheets attached

Subtotal \$ **136.00**

(Total of this page)

Total \$

(Report total also on Summary of Schedules)

In re Nicole Renee Adams / DebtorCase No. _____
(if known)**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 0776 Creditor # : 3 MED1ST JOSEPHS HOSP	H	2002-08-01				\$ 218.00
Account No: 0776 Representing: MED1ST JOSEPHS HOSP		BURR & REID				
Account No: 1104 Creditor # : 4 ARNOT OGDEN MED CNTR	H	2001-11-01				\$ 0.00
Account No: 1104 Representing: ARNOT OGDEN MED CNTR		SOUTHERN TIER				
Account No: 8607 Creditor # : 5 MED1 STHERN TIER ER	H	1999-08-01				\$ 90.00
Account No: 8607 Representing: MED1 STHERN TIER ER		CREDITORS COLLECTION				

Sheet No. 1 of 9 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims**Subtotal \$**
(Total of this page) **308.00****Total \$**
(Report total also on Summary of Schedules)

In re Nicole Renee Adams / DebtorCase No. _____
(if known)**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 0774 Creditor # : 6 MED1ST JOSEPHS HOSP	H	2002-10-01				\$ 95.00
Account No: 0774 Representing: MED1ST JOSEPHS HOSP		BURR & REID				
Account No: 6543 Creditor # : 7 ASSOCIATED RADIOLOGY	H	2003-07-01				\$ 109.00
Account No: 6543 Representing: ASSOCIATED RADIOLOGY		CREDITORS COLLECTION S				
Account No: 0740 Creditor # : 8 TIME WARNER-ROADRUNN	H	2001-12-01				\$ 0.00
Account No: 0740 Representing: TIME WARNER-ROADRUNN		SOUTHERN TIER CREDIT B				

Sheet No. 2 of 9 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims**Subtotal \$**
(Total of this page)**Total \$**
(Report total also on Summary of Schedules)**204.00**

In re Nicole Renee Adams / DebtorCase No. _____
(if known)**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: <u>2727</u> Creditor # : 9 ARNOT OGDEN MED CNTR	H	2004-03-01				\$ 35.00
Account No: <u>2727</u> Representing: ARNOT OGDEN MED CNTR		SOUTHERN TIER				
Account No: <u>2046</u> Creditor # : 10 DOBSON CELLULAR SYST	H	2004-12-01				\$ 854.00
Account No: <u>2046</u> Representing: DOBSON CELLULAR SYST		PORTFOLIO ACQUISITIONS				
Account No: <u>1087</u> Creditor # : 11 DR. MARY F. NEVIN M	J	2001-06-01				\$ 1,244.00
Account No: <u>1087</u> Representing: DR. MARY F. NEVIN M		SOUTHERN TIER				

Sheet No. 3 of 9 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims**Subtotal \$**
(Total of this page)**2,133.00****Total \$**

(Report total also on Summary of Schedules)

In re Nicole Renee Adams / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 6736 Creditor # : 12 BRENT A SAMTER MD	H	2004-08-01				\$ 420.00
Account No: 6736 Representing: BRENT A SAMTER MD		SOUTHERN TIER				
Account No: 4099 Creditor # : 13 FINGER LAKES ORTHOPE	J	2002-11-01				\$ 399.00
Account No: 4099 Representing: FINGER LAKES ORTHOPE		SOUTHERN TIER				
Account No: 8616 Creditor # : 14 MED1 WOMENS HEALTH	H	2000-02-01				\$ 75.00
Account No: 8616 Representing: MED1 WOMENS HEALTH		CREDITORS COLLECTION				

Sheet No. 4 of 9 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **894.00**
(Total of this page)

Total \$
(Report total also on Summary of Schedules)

In re Nicole Renee Adams / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 0027 Creditor # : 15 AMERICAN GEN FIN LANGDON PLAZA ELMIRA NY 14901	J	1998-03-01					\$ 0.00
Account No: 4945 Creditor # : 16 AMERICAN GENERAL FINAN 303 N MAIN ST ELMIRA NY 14901	J	1995-11-01					\$ 0.00
Account No: 9002 Creditor # : 17 AMERICAN GENERAL FINAN 303 N MAIN ST ELMIRA NY 14901	J	1996-06-01					\$ 0.00
Account No: 0027 Creditor # : 18 AMERICAN GENERAL FINAN 303 N MAIN ST ELMIRA NY 14901	J	1999-04-01					\$ 0.00
Account No: 1034 Creditor # : 19 AMERICAN GENERAL FINAN 303 N MAIN ST ELMIRA NY 14901	H	2003-01-01					\$ 637.00
Account No: 1481 Creditor # : 20 AMERICAN GENERAL FINAN 303 N MAIN ST ELMIRA NY 14901	H	2004-10-01					\$ 1,099.00

Sheet No. 5 of 9 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims**Subtotal \$**
(Total of this page)**1,736.00****Total \$**

(Report total also on Summary of Schedules)

In re Nicole Renee Adams / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 1034 Creditor # : 21 AMERICAN GENERAL FINAN 303 N MAIN ST ELMIRA NY 14901	H	2001-06-01				\$ 0.00
Account No: unknown Creditor # : 22 Arnot Ogden Medical Ctr. 600 Roe Avenue Elmira NY 14905		01/2005 Medical Bills				Unknown
Account No: 1798 Creditor # : 23 CAP ONE BK PO BOX 85520 RICHMOND VA 23285	H	2004-03-01				\$ 314.00
Account No: 7101 Creditor # : 24 CCSD FCU IL 218 PRESCOTT AVE ELMIRA HEIGHTS NY 14903	J	1999-05-26				\$ 4,022.00
Account No: 0576 Creditor # : 25 CCSD FED CREDIT UN PO BOX 2087 ELMIRA HEIGHTS NY 14903	H	1997-08-01				\$ 575.00
Account No: 0575 Creditor # : 26 CCSD FED CREDIT UN PO BOX 2087 ELMIRA HEIGHTS NY 14903	H	1996-10-01				\$ 1,584.00

Sheet No. 6 of 9 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims**Subtotal \$**
(Total of this page) **6,495.00****Total \$**
(Report total also on Summary of Schedules)

In re Nicole Renee Adams / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 0501 Creditor # : 27 CCSD FED CREDIT UN PO BOX 2087 ELMIRA HEIGHTS NY 14903	H	1998-07-01				\$ 5,393.00
Account No: 29715005-011 Creditor # : 28 CCSD Federal Credit Union PO Box 2087 Elmira Heights NY 14903		01/2004 Judgment Index # 2004-1446 for Freeze on Bank Account at Telco Federal Credit				Unknown
Account No: 29715005-011 Representing: CCSD Federal Credit Union		A. Sheldon Gould, Esq. 447 E. Washinton Street Syracuse NY 13202				
Account No: 29715005-011 Representing: CCSD Federal Credit Union		Tioga County Sheriff's Departm Civil Division -- Income Execu 103 Corporate Drive Owego NY 13827				
Account No: 29715005-011 Representing: CCSD Federal Credit Union		Tioga County Supreme Court Tioga County Courthouse Owego NY 13827				
Account No: 29715005-011 Representing: CCSD Federal Credit Union		Telco Federal Credit Union Account Freeze Department 215 East Church Street Elmira NY 14902				

Sheet No. 7 of 9 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims**Subtotal \$**
(Total of this page)**5,393.00****Total \$**

(Report total also on Summary of Schedules)

In re Nicole Renee Adams / DebtorCase No. _____
(if known)**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 8272 Creditor # : 29 CITIFINANCIAL 2898 WESTINGHOUSE HORSEHEADS NY 14845	J	1999-04-01				\$ 0.00
Account No: 4116 Creditor # : 30 CITIFINANCIAL 830 COUNTY ROAD 64 STE 2 ELMIRA NY 14903	J	1997-06-01				\$ 0.00
Account No: 3706 Creditor # : 31 CMPPTNRS/CORNING COMM PO BOX 3176 WINSTON SALEM NC 27102	H	1997-07-01				\$ 308.00
Account No: 3706 Creditor # : 32 CORNING COMM COL POB 2901 WINSTON SALEM NC 27102	H	1997-07-17				\$ 308.00
Account No: 0872 Creditor # : 33 FINGERHUT CREDIT ADVAN 53 MCLELAND RD SAINT CLOUD MN 56395	H	2000-11-01				\$ 0.00
Account No: 7687 Creditor # : 34 FIRST PREMIER BANK 601 S MINNESOTA AVE SIOUX FALLS SD 57104	H	2000-12-01				\$ 0.00

Sheet No. 8 of 9 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims**Subtotal \$**
(Total of this page)**616.00****Total \$**
(Report total also on Summary of Schedules)

In re Nicole Renee Adams / DebtorCase No. _____
(if known)**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: <u>1885</u> Creditor # : 35 KAUFMANNS FIFTH & SMITHFIELD PITTSBURGH PA 15219	H	1998-08-01				\$ 418.00
Account No: <u>46-520-04-000100-58</u> Creditor # : 36 NYSEG Dryden Road Ithaca NY 14850		01/2005 Utilities				\$ 300.63
Account No: _____ Creditor # : 37 PALISADE COLLECTIONS I PO BOX 105460 ATLANTA GA 30348	H	2003-05-01				\$ 854.00
Account No: <u>Unknown</u> Creditor # : 38 St. Joseph's Hospital 555 East Market Street Elmira NY 14902		01/2004 Medical Bills				Unknown
Account No: _____						
Account No: _____						

Sheet No. 9 of 9 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims**Subtotal \$**
(Total of this page) **1,572.63****Total \$**
(Report total also on Summary of Schedules) **19,487.63**

CCSD FCU IL
218 PRESCOTT AVE
ELMIRA HEIGHTS, NY 14903

CCSD FED CREDIT UN
PO BOX 2087
ELMIRA HEIGHTS, NY 14903

WASHINGTON MUTUAL FA
PO BOX 1093
NORTHRIDGE, CA 91328

WFFINACCP
1 INTERNATIONAL PLZ
PHILADELPHIA, PA 19113

FINGER LAKES ORTHOPE

MED1 STHERN TIER ER

MED1 WOMENS HEALTH

MED1ST JOSEPHS HOSP

DOBSON CELLULAR SYST

BRENT A SAMTER MD

ASSOCIATED RADIOLOGY

TIME WARNER-ROADRUNN

ARNOT OGDEN MED CNTR

DR. MARY F. NEVIN M

A. SHELDON GOULD, ESQ.
447 E. WASHINGTON STREET
SYRACUSE, NY 13202

AMERICAN GEN FIN
LANGDON PLAZA
ELMIRA, NY 14901

AMERICAN GENERAL FINAN
303 N MAIN ST
ELMIRA, NY 14901

ARNOT OGDEN MEDICAL CTR.
600 ROE AVENUE
ELMIRA , NY 14905

BURR & REID

CAP ONE BK
PO BOX 85520
RICHMOND, VA 23285

CCSD FEDERAL CREDIT UNION
PO BOX 2087
ELMIRA HEIGHTS, NY 14903

CITIFINANCIAL
830 COUNTY ROAD 64 STE 2
ELMIRA, NY 14903

CITIFINANCIAL
2898 WESTINGHOUSE
HORSEHEADS, NY 14845

CMPPTNRS/CORNING COMM
PO BOX 3176
WINSTON SALEM, NC 27102

CORNING COMM COL
POB 2901
WINSTON SALEM, NC 27102

CREDITORS COLLECTION

CREDITORS COLLECTION S

FINGERHUT CREDIT ADVAN
53 MCLELAND RD
SAINT CLOUD, MN 56395

FIRST PREMIER BANK
601 S MINNESOTA AVE
SIOUX FALLS, SD 57104

KAUFMANNS
FIFTH & SMITHFIELD
PITTSBURGH, PA 15219

NYSEG
DRYDEN ROAD
ITHACA, NY 14850

PALISADE COLLECTIONS I
PO BOX 105460
ATLANTA, GA 30348

PORTFOLIO ACQUISITIONS

SOUTHERN TIER

SOUTHERN TIER CREDIT B

ST. JOSEPH'S HOSPITAL
555 EAST MARKET STREET
ELMIRA, NY 14902

TELCO FEDERAL CREDIT UNION
ACCOUNT FREEZE DEPARTMENT
215 EAST CHURCH STREET
ELMIRA, NY 14902

TIOGA COUNTY SHERIFF'S DEPARTM
CIVIL DIVISION -- INCOME EXECU
103 CORPORATE DRIVE
OWEGO, NY 13827

TIOGA COUNTY SUPREME COURT
TIOGA COUNTY COURTHOUSE
OWEGO, NY 13827